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CONFIRMATION NO. 1503

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|--|---|--|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/531,644   | <b>FILING OR 371(c) DATE</b><br>04/15/2005<br><b>RULE</b>   | <b>CLASS</b><br>604                    | <b>GROUP ART UNIT</b><br>3761   | <b>ATTORNEY DOCKET NO.</b><br>820120-1010 |                                |
| <b>APPLICANTS</b><br>Bjorn Olaf Goossens, Bk Den Haag, NETHERLANDS;<br>Jan Hendrik Lucas, Brecht/St.Job, BELGIUM;  |   |  |   |   |                                |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/NL03/00699 10/16/2003  |   |  |   |   |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br>NETHERLANDS 1021689 10/18/2002<br>UNITED STATES OF AMERICA 60419678 10/18/2002   |   |  |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>NETHERLANDS | <b>SHEETS DRAWING</b><br>11   | <b>TOTAL CLAIMS</b><br>19                 | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>24504  |   |  |   |   |                                |
| <b>TITLE</b><br>Injection syringe with retractable needle  |   |  |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>900  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |